

# Iowa Health FOCUS

April 2001 ■ Iowa Department of Public Health

## One in five riders binge drink on Ragbrai, new study says

By Michael Buley, DVM, MPH, Dipl. ACVPM  
Epidemic Intelligence Service

One in five riders engaged in binge drinking on last years Ragbrai, according to a new survey. However, no association was found between crashes and either binge drinking or biking while intoxicated.

As reported in the August Iowa Health Focus, the Center for Acute Disease Epidemiology (CADE) conducted an Internet health survey (Continued on Page 2)



**National Public Health Week  
April 2-8, 2001**

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### From the Director

-Dr. Stephen Gleason

Instead of the anticipated 3.5 percent increase in revenue for next year, the state is now projecting only a 0.7 percent growth. That means state government has to decrease planned expenditures, cutting about \$144 million from what the governor anticipated spending. (Continued on Page 4)



**(Continued from page 1)**

of registered riders during RAGBRAI XXVIII last July. While injury on RAGBRAI has not been well studied, we know bicycling-related injury accounts for 580,000 emergency-room visits, 20,000 hospitalizations, and 900 deaths each year in this country. From previous bicycling-injury studies, we also know risk factors for bicycling injury include adverse road conditions, interactions with motor vehicles, rider carelessness, mechanical failure, and alcohol consumption.

We wanted to assess the incidence of, and risk factors for, injury among the 8,500 registered riders, but our resources were limited. However, RAGBRAI Coordinator Jim Green estimated he could provide e-mail addresses for 95 percent of registered riders and a high percentage of them register via the Internet. So, we designed the study as an Internet-based survey with solicitation of participants by e-mail.

Survey questions were modeled after those from previous injury studies for comparability. Rider height and weight were collected

The “typical” respondent was an experienced rider who prepared months in advance for RAGBRAI.

to calculate body-mass index as an indicator of fitness. Because alcohol consumption has been implicated as a risk factor for serious bicycling-related injury, five questions on alcohol consumption were taken from the Behavioral Risk Factor Surveillance System (BRFSS) and tailored to fit the week of RAGBRAI. To encourage participation, the survey was limited to 20 questions.

In the week following RAGBRAI, the first e-mail message was sent to the 5,200 e-mail addresses provided by RAGBRAI. This message described the study and its purpose, addressed confidentiality, gave instructions on completing the survey, and provided a link to the survey web site. It also provided an e-mail address where participants could submit questions or comments. Reminders were also sent. Survey designer answered questions and comments daily. Completed surveys totaled 1,830.

The “typical” respondent was an experienced rider who prepared months in advance for RAGBRAI. Fifty-one percent started preparing before April. Forty-four percent averaged 26 to 50 miles per week in training and routinely cycled 1,000-2,499 miles per year. Fifty-one percent usually rode at a brisk touring pace of 14 to 16 miles per hour and 31 percent had been bicycling for 7 to 15 years. On the basis of body mass index, the prevalence of overweight was lower among survey respondents than non-respondents, according to Iowa BRFSS data for 1997.

The respondents amassed more than 771,000 miles over the week of RAGBRAI. They reported 182 crashes and 367 near misses. Seventy percent reported neither a crash nor a near miss. Sixty-four people reported receiving treatment for injuries in crashes and 14 reported being taken to a hospital for treatment. Factors cited in crashes/near misses included road conditions (23 percent), stopping on or suddenly entering the course (22 percent) and a bike-on-bike collision (17 percent). Mechanical failure and excessive speed were cited at surprisingly low frequencies.

Of 1,730 responding riders, 76 percent (1,314) had at least one alcoholic beverage during the week of RAGBRAI. Twenty-one percent reported consuming five or more drinks on at least one occasion during the week. Slightly more than 3 percent (57) reported seven such occasions. Five percent (84) of riders reported riding their bicycles when they “had too much to drink” on at least one occasion.

Crashes were associated with having less than seven years bicycling experience, but no association was found with average weekly mileage, annual mileage, or speed on a typical ride. The incidence of crashes and associated injuries reported was low compared to previous bicycling-injury studies.

We also found that alcohol use was common among RAGBRAI participants. The levels of binge drinking and “drinking and biking” occurred with disturbing frequency, but were actually consistent with Iowa and national BRFSS data for binge drinking and “drinking and driving.”

The low rates for crashes and traumatic injuries are probably due in large part to the dedicated efforts of the RAGBRAI coordinating staff, the Ride Right Committee's 10 year safety campaign and the numerous other supporting groups. The efforts included:

1. Careful course selection with an emphasis on avoiding traffic;
2. Efforts to identify and repair road hazards in advance of RAGBRAI;
3. Ride Right volunteers working with RAGBRAI to promote safe and courteous cycling;
4. The Iowa State Patrol and local law enforcement working diligently to protect riders from motor vehicle traffic.

Despite those efforts, road conditions and interactions with other bicyclists were dominant factors in crashes. We've advised RAGBRAI to place additional emphasis on avoiding, repairing or clearly marking hazardous road surfaces. RAGBRAI and Ride Right should also intensify teaching less experienced riders about bicycling safety and etiquette. It would also be appropriate to stress moderation in alcohol use and "no use" when still on the course.

(AJ Wineski of Information Management and Tim Lane of Health Promotions helped with this study.)

## **IDPH plans for budget cuts**

*From the director*  
**(From Page 1)**

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**I**t happens in most families. You see economic good times ahead and plan to buy, say, a new car. Then the good times fail to materialize and you have to settle for a used car.

That's sort of what's happened to state government in Iowa, and many other states. Instead of the anticipated 3.5 percent increase in revenue for next year, the state is now projecting only a 0.7 percent growth. That will require cutting about \$144 million from what the governor anticipated spending.

How will that affect public health and the Iowa Department of Public Health? In working with the governor to identify reductions for our agency, our management team was guided by our department's vision, mission and public health priorities. We attempted to preserve programs and services that have no alternative means of support.

So, we maintained funding for programs such as public health nursing and home-care aide that provide direct services to the most vulnerable in our communities. We continued to fund training for volunteer EMS providers and the purchase of defibrillators and other essential emergency equipment. We avoided any additional erosion in the return of professional licensing fees to the regulatory boards. And the governor's commitment to quality substance-abuse treatment remains unfaltering.

Still, the department will absorb these decreases in the next fiscal year:

- \$41,607 from the Council on Chemically Exposed Infants and Children.
- \$101,187 from the Physician's Care for Children Program.
- \$743,233 from the Chronic Renal Disease Program.
- \$115,613 from neuromuscular and related disorders services.
- \$392,931 from state funding for child-health specialty clinics.
- \$80,000 from community grants in the PRIMECARE program.
- \$416,082 from court-ordered, home-care aide services.
- \$1,500,000 from tobacco prevention.

Although these cuts are difficult, we are confident our public health partners can find alternative sources of funding and minimize disruptions in services to clients. At the IDPH, we will have to eliminate the equivalent of 2.3 positions. We hope to re-assign employees in those positions so that nobody will be put out of work.

Contrary to some media, I wouldn't characterize the state's situation as a "financial mess." The decrease in projected revenue is not a result of mismanagement or neglect. Iowa was named the best-managed state in the Midwest. The projected decrease is the result of

the same economic problems that have afflicted households, businesses and state governments nationwide.

Finally, I truly appreciate the confidence, encouragement and support public health employees have shared during this challenging time. It's hard to find a more committed group of professionals.

## Obtaining Past Issues

Back issues of *Iowa Health FOCUS* are available on the Iowa Department of Public Health Web site at: [www.idph.state.ia.us](http://www.idph.state.ia.us).

# Iowa Study Validates Need for Prescription-Drug Discount Program

*Rebecca Lowry, Member  
Iowa Rx Cooperative Work-Group*

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Iowa seniors are taking drastic and risky measures to lower their prescription costs, from reducing the prescribed dosage to stopping the drug prematurely, and in extreme cases, not getting the prescription filled.

"Medication not taken is neither safe nor effective for our seniors," said Dr. Stephen Gleason, director, Iowa Department of Public Health.

Iowa seniors' reactions to the high cost of prescription drugs is documented by a recent study by Strategic Marketing Services of the University of Northern Iowa, in conjunction with a work-group formed

by Governor Tom Vilsack. The study confirmed the need to lower the cost of prescription drugs for all elderly in Iowa.

The majority of seniors reported spending \$51 to \$300 per month for their medications. They agreed that their prescription drugs were "somewhat of a burden" or "an extreme burden" on them financially. The study suggests this may be leading to behavior that could be detrimental to the health of many seniors.

The work group, composed of volunteers developing a possible solution to aid seniors, has addressed the growing concern over the high cost of prescription drugs. Work group chairperson, Dr. Carol Kuhle, said education, and communication among the patient, physician and pharmacist, is critical to the success of the program.

Senior citizens already appear to be involved in seeking healthy alternatives for lowering their costs. For example, 65 percent of the seniors surveyed claim to ask their physician or pharmacist for a less expensive drug. This is a step in the right direction, yet more needs to be done.

Besides cost reduction, Dr. Kuhle notes that other benefits include "increasing the safety of senior's medications, maximizing the effectiveness of drug therapies, and providing competitive pricing of prescription drugs." Currently, Iowa seniors can participate in discount drug programs that focus on price.

The Iowa Rx Cooperative plans to provide membership services by late summer 2001. Signs of strong interest were evident from the study. Almost half of the seniors expressed a desire to become members for an annual fee of \$40 in exchange for reasonable discounts.

Based on the research, this unique public-private partnership can anticipate being embraced by Iowa's senior citizens and health professionals. Senior citizens may inquire about the program by calling 1-866-282-5817. Organizations that serve seniors can help get information to them by calling 515-281-4343.

# Education is key to youth suicide

By Janet Zwick  
IDPH Division Director,  
Health Promotion, Prevention, and Addictive Behaviors

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**A**s one of America's most recognized health observances, Mental Health Month is a great opportunity to raise awareness of important mental health issues affecting the nation. Since the inception of Mental Health Month over 50 years ago, the National Mental Health Association has May to educate Americans about mental health.

The Iowa Department of Public Health will utilize Mental Health Month to educate parents about youth suicide, the second leading cause of death for adolescents in Iowa, behind motor vehicle accidents.

Each year, nearly 5,000 people aged 15-24 commit suicide in America. Iowa averaged 27 youth suicides per year from 1996-1999, or an average population rate of 7.87 per 100,000 youth.

Here are facts about youth suicide.

- ◆ Generally, youth suicide rates are higher in rural areas; whereas youth homicide rates are higher in urban areas.
- ◆ Male youths are four times more likely to commit suicide than females. Female youths are twice as likely as males to *attempt* suicide.
- ◆ Self-reported survey data indicate that over 20 percent of high school students had seriously considered suicide. Another 23 percent had made plans to attempt suicide or actually made a suicide attempt during the year preceding the survey.
- ◆ Over 60 percent of all suicides are committed with a firearm – a method that has steadily increased over time.

Reports of suicide in teens have increased almost 200 percent since the 1960s, compared with a 17 percent increase for the general

population. Many elements, both individual and social, contribute to a teen's likelihood of attempting or completing a suicide. The use of alcohol and other drugs is a significant factor.

The department used suicide rates per county and hospital discharge data on suicides to determine counties to target with the education effort. They are:

Cherokee	Pottawattamie
Mills	Adair
Dallas	Humboldt
Mitchell	Floyd
Poweshiek	Washington
Des Moines	Louisa
Allamakee	Clayton

The Governor and Lt. Governor have developed TV and radio announcements to educate parents on the warning signs of youth suicide. They will be aired from April 23 to May 6. Individual counties will also conduct community publicity efforts. A brochure has been developed for parents that highlights the problem, risk factors, warning signs, prevention, crisis lines and other resources.

For information, contact Binnie LeHew at 515-281-5032, Carol Hinton at 515-281-6924 or Janet Zwick at 515-281-4417.

## **IDPHers headed for Russia as part of health partnership program**

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Iowa Department of Public Health Director Dr. Stephen Gleason next month will have more international health miles under his belt. In February, Gleason led a team of doctors to assist earthquake victims in El Salvador using non-governmental and foundation resources. This time, Gleason and Doreen Chamberlin, IDPH's Bureau Chief for Rural Health and Primary Care, will be part of a delegation to Samara, Russia.

The delegation is supported by a federally funded health-care partnership program coordinated by the Iowa Hospital Education and Research Foundation (IHERF) and the Samara Region Department of Health. The Iowa department belongs to a consortium of consultant agencies, including three Iowa hospitals, Iowa Sister States, non-governmental health organizations, universities and community colleges in Iowa.

Although this will be Gleason's first visit, the project is in its third year and is working to develop more efficient and effective primary health-care delivery systems. Delegations from Samara have visited Iowa and have seen area hospitals, family medicine practices, health-department programs, women's health services and communications systems for distance health learning. Special areas of interest for the Russian health professionals have been diabetes education, maternal and infant mortality, sexually transmitted disease prevention, substance-abuse and domestic violence prevention.

Gleason and Chamberlin will be in Samara from May 3 to 11. They will provide training in health-management systems, primary care, preventive medicine and health promotion.

"This will be an excellent opportunity for us to exchange ideas and promote evidence based medicine," said Gleason.

The unstable economic situation in Russia has led to changes in what was previously a centrally controlled health system. In the Samara region, the governor and health officials have reorganized the health-care system to achieve greater efficiency.

Samara is located along the Volga River, 600 miles south and east of Moscow. The region has about 1.2 million residents. Data from the Samara Region Health Department indicate that 42 percent of medical expenses are devoted to inpatient care. To reduce this, the Samara State Medical University and the Samara Health Department are re-training health professionals to work in family-medicine outpatient clinics instead of specialty-based or inpatient clinics.

Gleason, who has been a World Health Organization delegate, a former White House health advisor and an assistant professor at the

Mayo Graduate School of Medicine, will give a lecture to the Medical University.

"This will be a golden opportunity for us to help shape the future of health care in the Samara region and build relations with our health colleagues in Russia," says Gleason. "When the term 'globalization' is more and more common in our language, this experience uses the best that Iowa has in communications, health care and diplomacy."

## New Initiatives Promote Essential Services

*By Mary Weaver  
IDPH Division Director,  
Family & Community Health*

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**P**ublic Health, whether federal, state, or local, has the responsibility to protect and promote the health of all citizens. The activities necessary to fulfill this responsibility are explicitly described in the following 10 Essential Services:

- Monitoring health status, identifying community health problems;
- Diagnosing and investigating health problems and hazards in the community;
- Informing and educating the public about health issues;
- Mobilizing community partnerships to identify and solve health problems;
- Developing policies and plans that support individual and community health efforts;
- Enforcing laws and regulations that protect health and ensure safety;
- Linking people to needed personal health services, assuring the provision of health care when otherwise unavailable;
- Assuring a competent public health and private health-care workforce;
- Evaluating effectiveness, accessibility, and quality of individual and population-based health services; and
- Researching for new insights and innovative solutions to health problems.

All initiatives and programs of the Iowa Department of Public Health should use the 10 Essential Services to measure the personal efforts and financial cost of fulfilling the mission of the department, which is “Promoting and protecting the health of Iowans.”

During the last year and a half, the department sought new funding for public health in Iowa. The result was new money for:

- Improving patient safety and health outcomes;
- Providing reduced prescription costs for Iowa’s senior citizens;
- Addressing the issue of Iowa’s uninsured;
- Researching the feasibility of *A Clinic in Every Home*;
- Health Fairs for Iowa’s Hispanic population; and
- Establishing Regional Minority Health-care Coalitions.

Being good stewards, the department must continually review these new initiatives to make sure they fulfill the department's mission.

An individual initiative or program does not usually fulfill all 10 of the essential services. However, multiple essential services are often addressed in one project.

Through the collective grant-seeking efforts of department staffers, the new money totaled \$4 million.

## Epidemiology notes



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*From the Center for Acute Disease Epidemiology, Iowa Department of Public Health*

**Vaccination news:** The March 16 issue of the MMWR has some important updates regarding the manufacturing and supply of a number of vaccines. This edition of the MMWR can be found on the CDC's web site ([www.cdc.gov](http://www.cdc.gov)).

**Rubella:** Rubella (German measles) is a viral disease that can

present with a maculopapular rash (although up to half of infections occur without this rash); constitutional symptoms, lymphadenopathy, and arthralgias may accompany this. Rubella is significant in its ability to produce congenital anomalies (congenital rubella syndrome), which occur in

approximately 90 percent of infants born to women who are infected during the first trimester.

Rubella vaccination has dramatically reduced the incidence of this disease to almost non-existent levels, although periodic outbreaks, including one in Iowa resulting in 29 cases, do occur. Laboratory testing, in the form of rubella IgM, is needed for confirmation as clinical diagnosis alone is often inaccurate. Tests are most reliable if the sera is drawn five days or more after the initial appearance of the rash, as testing done earlier is not as sensitive.

This past week, two suspect cases of rubella were reported (based on clinical presentation) and sera are presently being tested to rule-out disease. As a reminder, rubella IgM testing can be done on an expedited basis through the University of Iowa Hygienic Laboratory.

**Mad Sheep in Ames:** The sheep from Vermont that might have "mad cow disease" arrived in Ames safely. They will be kept isolated, tested, and then disposed of in an appropriate manner (to insure the denaturation of any prions...can't really talk about killing the prions because they are not really alive). Anyway, most of the public's concern appears to be due to confusion between "mad cow disease" and scrapie (both prion diseases not easily spread) and foot and mouth disease (highly contagious).

Bottom line, there should be no risk to people or animals in Iowa from these sheep or the other flock of

sheep that will be brought to Ames in the near future.

**Rotaviral enteritis:** Rotaviral enteritis is an often severe gastroenteritis of infants and young children, characterized by fever, vomiting, and watery diarrhea that in more severe cases can result in dehydration, electrolyte abnormalities, and acidosis. Rotaviruses are spread via fecal-oral transmission and fomites (inanimate objects, such as toys) may play a role in transmission.

Rotaviral infections peak during the winter months. A vaccine had been available for rotavirus, but was withdrawn after studies linked it to the development of intussusception. Today we are beginning to hear of some hospitals in the state with increased admissions secondary to rotaviral infections. Should you be aware of this in your hospital or community, we encourage you to reply to this email with specific information on this.

**Swine tuberculosis:** Yes, pigs can get tuberculosis! This week, we received a call from a veterinarian regarding a client who marketed a pig for slaughter that was condemned for tuberculosis infection. The question on the veterinarian's mind - what are the implications for his client? Our response, though pigs are susceptible to all 3 groups of TB organisms (*M. tuberculosis*, *M. bovis*, and *M. avium/intracellulare* complex, the latter being the most common type), studies have not

linked consumption of infected pork to human infection.

Regardless, steps are taken during the slaughter process to ensure that infected tissue is not passed on for human consumption.

**Ebola Virus not in Every State:**

Everyone's favorite peer-reviewed journal, The Weekly World News, recently ran a story on the Ebola Virus, claiming that it has "hit every

state" and that the government is covering-up this "outbreak." Well, despite their "experts," there is no Ebola outbreak in the United States. For further information on this issue (and to find out how to live to be 140 years old), consult your local checkout for a copy of the Weekly World News.

## Classifieds

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**Public Health Conference** - The Governor's Conference on Public Health: Barnraising III will be held June 14 & 15 at Drake University. Leading national and local public health experts will address a number of critical public health issues. A conference brochure will be sent out this month. More information can be found on the IDPH website at [www.idph.state.ia.us](http://www.idph.state.ia.us). Click on conferences.

**Focus Editor: Kara Berg**

**What would you like to see in *Iowa Health Focus*? Send your suggestions for future articles, letters to the editor, and upcoming events or to add names to the mailing list by e-mailing us at [kberg@idph.state.ia.us](mailto:kberg@idph.state.ia.us)**